

PROCESSING RECEIVING REPORTS

The Receiving Activity is responsible for completing and sending receiving reports to the appropriate Defense Finance and Accounting Service (DFAS) unless otherwise specified by the contract. Individuals responsible for completing the receiving report will determine from the contract if they are to forward the receiving report to the IBO-Contracting, Contract Administration Office or their supporting DFAS office. The receiving report must be forwarded for payment within five days after delivery of supplies or performance of services. It is critical for the activity to process their receiving reports and insure they are mailed/faxed to the appropriate Government Office to ensure the Prompt Payment Act is met IAW OMB Circular A-125, the FAR, and Army Logistics Regulations 710-2 and 735-5/

Mailing of receiving reports with a transmittal letter is the preferred method to ensure proper internal controls are maintained. Faxing can be used on an exception basis; however, DO NOT fax and mail receiving reports. Faxed copies must have a transmittal letter. Transmittal letters (mailed or faxed) must be sequentially numbered to prevent document loss or misplacement by receiving personnel. Submit the transmittal in original and one copy so the copy may be returned to the activity for verification of receipt by the DFAS. Detailed instructions for processing receiving reports follow.

Receiving and acceptance or other approval documents are proof on which a government representative confirms that a private business or individual has performed or delivered according to the authorizing document or contract. It should be noted that receiving reports are a critical document or step in paying a vendor. DFAS can not make payment, except where exempted by law or regulation, without a receiving report confirming the vendor has met contract specifications.

Normally, either a DD Form 250 – Materiel Inspection and Receiving Report or a copy of a signed DD Form 1155 – Order for Supplies or Services or DD Form 1449 - Solicitation/Contract/Order are used for the receiving reports. Regardless of the form used, a receiving report must include the following information:

The procurement or other authorizing document number.

Description of supplies delivered or services performed.

Quantities of goods or services received and accepted or rejected.

The date supplies were actually delivered or services were actually performed, NOT the date the receiving report or acceptance document was completed and signed.

The date merchandise or services were accepted as conforming with the procurement document by the designated government official responsible for acceptance, his/her signature, printed name, phone number, title and mailing address.

It should be noted that DELIVERY and ACCEPTANCE are not the same and cannot be used interchangeable. Delivery occurs when a vendor delivers goods to a specified point or individual or completed a service. Acceptance occurs when an authorized U.S. Government representative examines the goods, compares the goods or services to the procurement document, and is satisfied that the materiel or service conforms to the contract specifications. Delivery and acceptance may occur on the same day but usually, acceptance is a few days after delivery.

INSTRUCTIONS FOR RECEIVING REPORTS

IF THE DD FORM 1155 IS USED FOR THE RECEIVING REPORT FOR PROCESSING TO DFAS (EITHER FINAL OR PARTIAL):

COMPLETE BLOCK 26:

1. Place a check mark or place an X mark in: Inspected Block, Received Block, and Accepted and Conforms to the Contract Except as Noted Block. ALL THREE (3) BLOCKS MUST BE CHECKED.
2. Current Date Items or Services were received.
3. Signature of Authorized Government Representative.

COMPLETE BLOCK 27:

1. Place a check mark or X mark for either: Partial or Final as applicable.
2. Additionally: The following information shall be placed at the bottom of page one (1) of the DD Form 1155 in the "white space": Printed Name, Title, Mailing Address, and Telephone Number of the designated Government official responsible for acceptance or approval functions.
3. Each Line Item Identified in Section B, Supplies or Services and Prices: Must have an identifiable Check Mark to indicate that Line Item was identified and quantity accounted for. If different, enter actual quantity received below quantity shipped and encircle.

COMPLETE BLOCK 37, 38, AND 39:

NOTE: Block 37 must contain a Building Number.

**IF THE SF FORM 1449 IS USED FOR THE RECEIVING REPORT FOR
PROCESSING TO DFAS (EITHER FINAL OR PARTIAL):**

COMPLETE BLOCK 32a, 32b, 32c:

- 1. Place a check mark or place an X mark in: Received Block, Inspected Block, and Accepted and Conforms to the Contract, Except as Noted Block. ALL THREE (3) BLOCKS MUST BE CHECKED.**
- 2. Signature of Authorized Government Representative**
- 3. Current Date Items or Services were received.**

COMPLETE BLOCK 33:

- 1. Place a check mark or XX mark for either: Partial or Final as applicable.**
- 2. Additionally: The following information shall be placed at the bottom of page one (1) of the SF Form 1449 in the “white space”: Printed Name, Title, Mailing Address, and Telephone Number of the designated Government official responsible for acceptance or approval functions.**

COMPLETE BLOCK 42a, 42b, and 42c:

NOTE: BLOCK 42b. must contain a Building Number.

IF THE DD FORM 250 IS USED FOR THE RECEIVING REPORT FOR PROCESSING TO THE DFAS:

In addition to completing Blocks one (1) through twenty-two (22) of the DD Form 250, the following information shall be added in Block 23:

Address and Telephone Number of Authorized Government Representative.

COMPLETED RECEIVING REPORT SHALL BE FORWARDED TO THE APPROPRIATE GOVERNMENT OFFICE IDENTIFIED IN THE CONTRACT WITHIN 5 BUSINESS DAYS AFTER RECEIPT OF ITEM/SERVICE ORDERED. IF THE RECEIVING REPORT IS NOT COMPLETED CORRECTLY AND RECEIVED BY THE PAYING DFAS IN A TIMELY MANNER, THE REQUIRING ACTIVITY WILL BE RESPONSIBLE FOR PAYING INTEREST PENALTIES.

AFTER COMPLETION OF THE RECEIVING REPORT, IF THE CONTRACT REQUIRES YOU TO FORWARD THE DD 250 TO DFAS RATHER THAN THE CONTRACT ADMINISTRATION OFFICE, INSURE YOU SEND IT TO THE APPROPRIATE DFAS LOCATION. THE DFAS ADDRESS IS LISTED IN BLOCK 15 OF THE DD FORM 1155.

DFAS OPERATING LOCATIONS SERVICING FORT CAMPBELL, KY

**DFAS ROME FPV
Telephone: 800-553-0527
325 Brooks Road
Rome, NY 13441-4527**

**DFAS –OPLOC SA
Telephone: 1-888-478-5636
500 McCullough Avenue
San Antonio, TX 78215-2100**

RECURRING RECEIVING REPORTS

Payments must be semi-monthly, monthly, quarterly or semi-annual and must be for specified not to exceed amounts or quantities. If an activity desires to use this procedure they should submit two copies of a memorandum to the appropriate DFAS. If the request is approved, the DFAS will not disburse an amount greater than the total dollars on the contract without a memorandum or modification from the contracting officer. An example of a recurring receiving report authorization letter is provided as follows:

MEMORANDUM FOR DFAS (use appropriate office) ATTN: VENDOR PAY

Subject: Receiving Report Procedure on Recurring Payments

You are authorized to pay the invoiced amount to Vendor Name 30 days after the end of each billing period on procurement document number Contract Number for maintenance/recurring services, etc. without a receiving report from us.

Under this procedure, we will inform you immediately of any change in vendor performance or contract specifications. Under this simplified procedure, you must send us one copy of each paid invoice so that we can track the amount the vendor has charged.

We will inform you immediately if there is an overcharge so you can offset the overcharge amount against a future payment within five days of the end of the first billing period and at the end of the contract period that the vendor is conforming to contract specifications.

Point of contact is the undersigned at DSN _____; Commercial _____.

MATERIAL INSPECTION AND RECEIVING REPORT										Form Approved	
Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0248), Washington, DC 20503.											
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.											
SEND THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED IN THE DFARS, APPENDIX F-401.											
1. PROC. INSTRUMENT IDEN. (CONTRACT)					(ORDER) NO.		6. INVOICE NO./DATE		7. PAGE OF		8. ACCEPTANCE POINT
2. SHIPMENT NO.		3. DATE SHIPPED		4. B/L TCN			5. DISCOUNT TERMS				
9. PRIME CONTRACTOR CODE				10. ADMINISTERED BY CODE							
11. SHIPPED FROM (If other than 9) CODE			FOB:			12. PAYMENT WILL BE MADE BY CODE					
13. SHIPPED TO CODE						14. MARKED FOR CODE					
15. ITEM NO.	16. STOCK/PART NO. (Indicate number of shipping containers - type of container - container number.)	DESCRIPTION	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20. AMOUNT					
21. CONTRACT QUALITY ASSURANCE										22. RECEIVER'S USE	
<div><div><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my super- vision and they conform to contract, except as noted herein or on supporting documents.</div><div>DATE SIGNATURE OF AUTH GOVT REP</div><div>TYPED NAME AND OFFICE</div></div>					<div><div><input type="checkbox"/> CQA <input type="checkbox"/> ACCEPTANCE of listed items has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents.</div><div>DATE SIGNATURE OF AUTH GOVT REP</div><div>TYPED NAME AND TITLE</div></div>					<div>Quantities shown in column 17 were received in apparent good condition except as noted.</div> <div>DATE RECEIVED SIGNATURE OF AUTH GOVT REP</div> <div>TYPED NAME AND OFFICE</div> <div>* If quantity received by the Government is the same as quantity shipped, indicate by (✓) mark, if different, enter actual quantity received below quantity shipped and encircle.</div>	
23. CONTRACTOR USE ONLY											